CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Please type or print in ink.

(LAST)

NAME

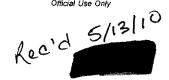
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

(MIDDLE)

Date Received Official Use Only



FPPC Toll-Free Helpline: 866/ASK-FPPC

DAYTIME TELEPHONE NUMBER

Solorio	Jose	Juan	1	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
	And the second of the second of the second of the			
		•		. ,
1. Office, Agency, or Cou	irt	4. Schedule	Summary	1
Name of Office, Agency, or Court:		➤ Total numbe		2
California State Assembly		including th	is cover page	
Division, Board, District, if applica	ole:		able schedule	s or "No reportable
69th Assembly District		interests."	sed interests o	n one or more of the
Your Position:		attached sch		in one of more of the
State Assemblymember		Schedule A-1	☐ Yes - so	hedule attached
▶ If filing for multiple positions, lis position(s): (Attach a separate		Investments (L	ess than 10% Owner	rship)
	1			hedule attached
Agency:		Investments (1	0% or Greater Owne	rship)
Position:		Schedule B Real Property	☐ Yes - sc	hedule attached
2. Jurisdiction of Office	(Chock at least one hov)		, & Business Po:	hedule attached sitions (Income Other than Gifts
State	Check at least one box)	and Travel Payme	nts)	
County of		Schedule D Income – Gifts	_	hedule attached
	Į			hedule attached
City of		Schedule E Income – Trav		nequie attached
Multi-County			-or-	
Other			-01-	•
3. Type of Statement (Chi	ook at loast are havi	No reporta	able interests o	n any schedule
Assuming Office/Initial Di	ate:/	5. Verification	n	
Annual: The period covered is	January 1, 2009,	I have used a	l reasonable	diligence in preparing this
through December 31, 2009.		statement. I hav	e reviewed this	statement and to the best of
O The period covered is	/ / through	my knowledge t attached schedu		contained herein and in any complete.
December 31, 2009.				·
Leaving Office Date Left: (Check one)	_//_			ry under the laws of the State ng is true and correct.
O The period covered is Janua	ary 1, 2009, through the		ľ	05/12/2010
date of leaving office.		Date Signed		month, day, year)
O The period covered is the date of leaving office.	//, through	Signature _		
Candidate Election Year:		Tri	vine originally signe	d statement with your filing official.)
		/	FPPC F	orm 700 Amendment (2009/2010)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

California Independent Voter Project ADDRESS (Business Address Acceptable) 2350 Kerner Blvd., Suite 250 CITY AND STATE San Rafael, CA 94901 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): 11 / 15 / 09	► NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable) 2350 Kerner Blvd., Suite 250 CITY AND STATE San Rafael, CA 94901 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):		INAME OF SOUNCE
2350 Kerner Blvd., Suite 250 CITY AND STATE San Rafael, CA 94901 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): 11/15/09 . 11/19/09 AMT: \$ 646.39 TYPE OF PAYMENT: (must check one)		ADDRESS (Business Address Accentable)
CITY AND STATE San Rafael, CA 94901 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): 11 / 15 / 09		The state of the s
San Rafael, CA 94901 BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):		CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): 11 / 15 / 09		GIV AND GIVE
DATE(S): 11 / 15 / 09		BUSINESS ACTIVITY IF ANY OF SOURCE
TYPE OF PAYMENT: (must check one)	BOOKESO NOTIVITY, IF MATE OF GOOKSE	
TYPE OF PAYMENT: (must check one)		
DESCRIPTION: Airfare to Hawaii for Business & Leadership Conference — I gave speeches on multiple panels at the conference. NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S): Office, Agency Assemblymember, District 69 Statement Type 2009/2010 Annual Assuming Leaving Contained herein and to the best of my knowledge the information contained herein and in any attached schedules is rue and complete I certify under the laws of the State of California that the foregoing is true and correct. Date Signed DESCRIPTION: DESCRIPTION:		DATE(S):/ AMT: \$
Leadership Conference I gave speeches on multiple panels at the conference. NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):	TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) Gift Income
Leadership Conterence — I gave speeches on multiple panels at the conference. NAME OF SOURCE	DESCRIPTION: Airfare to Hawaii for Business &	DESCRIPTION:
NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S):		
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S)://_ AMT: \$	on muliple pariets at the conference.	
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE(S)://_ AMT: \$		Verification
Office, Agency or Court Assemblymember, District 69 or Court Annual Assuming Leaving Annual Annual Assuming Leaving Annual Annual Annual Assuming Leaving Annual	NAME OF SOURCE	
Office, Agency or Court Assemblymember, District 69 or Court Annual Assuming Leaving Annual Annual Assuming Leaving Annual Annual Annual Candid ate I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct	ADDRESS (Ruciness Address Acceptable)	Print Name Jose Solorio
Statement Type 2009/2010 Annual Assuming Leaving BUSINESS ACTIVITY, IF ANY, OF SOURCE I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. TYPE OF PAYMENT: (must check one) Gift Income Date Signed (mothle, day, year)	ADDICESS (Dusiness Address Addeptable)	
Statement Type 2009/2010 Annual Assuming Leaving Music Annual Annual Assuming Leaving Annual Candid ate I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. TYPE OF PAYMENT: (must check one) Gift Income Date Signed (mafiti, day, year)	CITY AND STATE	or Court Assernblymember, District 69
BUSINESS ACTIVITY, IF ANY, OF SOURCE I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed Annual Candid ate	on this once	
reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true and complete contained herein and in any attached schedules is true. TYPE OF PAYMENT: (must check one)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	Annual Candidate
Contained herein and in any attached schedules is true and complete (If applicable) TYPE OF PAYMENT: (must check one) Gift Income DESCRIPTION: Contained herein and in any attached schedules is true and complete (California that the foregoing is true and correct) Date Signed Contained herein and in any attached schedules is true and complete (California that the foregoing is true and correct) Date Signed		I have used all reasonable diligence in preparing this statement. I have
(If applicable) TYPE OF PAYMENT: (must check one) Gift Income DESCRIPTION: I certify under penalty of perjury under the laws California that the foregoing is true and correct Date Signed (month, day, year)		reviewed this statement and to the best of my knowledge the information contained berein and in any attached schedules is an and complete.
TYPE OF PAYMENT: (must check one) Gift Income Description: California that the foregoing is true and correct Date Signed (matth, day, year)		
Date Signed (mohith, day, year)	(п арупсаше)	California that the foregoing is true and correct
DESCRIPTION:	TYPE OF PAYMENT: (must check one) Gift Income	C/12/12
		Date Signed (mahih, day, year)
Signature	DESCRIPTION:	
		Signature
•		
Comments: Amendment clarifies that gift of travel was in connection with speeches given during conference panel	Amendment clarifies that gift of travel was in c	onnection with speeches given during conference e panel
presentations. Pursuant to Gov't Code sections 89503 and 89506, gift limits do not apply.	presentations. Pursuant to Gov't Code section	ns 89503 and 89506, gift limits do not apply,

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

S -

RECEIVED

APR 5 2010

AMENDMENT

Candidate

Election Year: _

2010 top c au A Public Document

Please type or print in ink.	-ZUIU APK -6 PFF-4:700	<u>-</u>		BY
NAME (LAST)	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER
Solorio	Jose	Juan		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Cou		4. Schedule	Summan	
Name of Office, Agency, or Court:		➤ Total number of	•	·
California State Assembly		including this		2
Division, Board, District, if application	ole:	- Check applical	hla schadula	s or "No reportable
69th Assembly District		interests."	bie schedule	5 of No reportable
Your Position:		I have disclose attached sched		one or more of the
State Assemblymember			_	
► If filing for multiple positions, lis position(s): (Attach a separate		Schedule A-1 Investments (Less	_	hedule attached ship)
Agency:		Schedule A-2 Investments (10%		nedule attached ship)
Position:		Schedule B Real Property	Yes - sci	nedule attached
2. Jurisdiction of Office	Check at least one box)	Schedule C Income, Loans, & and Travel Payments,	Business Pos	nedule attached itions (income Other than Gifts
☐ State		Schedule D	X Yes - sch	nedule attached
County of		Income – Gifts		ļ
☐ City of		1	_	nedule attached
Multi-County		Income — Travel I	rayments	3
Other	**************************************		-ОГ-	
2 7 6 1 1		No reportabl	e interests or	n any schedule
3. Type of Statement (Cho	ck at least one box)			<u></u>
Assuming Office/Initial Da	ite:/	5. Verification		
Annual: The period covered is through December 31, 2009.	January 1, 2009,	I have used all i	reasonable (diligence in preparing this
-ог-		1		statement and to the best of contained herein and in any
O The period covered is December 31, 2009.	// through	attached schedule		
Leaving Office Date Left: (Check one)				y under the laws of the State g is true and correct.
O The period covered is Janua date of leaving office.	ry 1, 2009, through the	Date Signed	Ар	ril 05, 2010
-OF-				
O The period covered is the date of leaving office.	, through	Signature	e orialnálly signed	statement with your mind official.)

SCHEDULE D Income - Gifts



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

01 , 28 , 09 \$ 216.88 Reception/dinner 03 , 24 , 09 \$ 132.27 Calif Life Sciences		
ADDRESS (Business Address Acceptable) *(13 sponsors, each paid approx. \$16.68 per person) Business Activity, ir Any, of Source Healthcare and Life Sciences DATE (mm/dd/yy)	► NAME OF SOURCE	► NAME OF SOURCE
(13 sponsors, each paid approx. \$16.68 per person) BUSINESS ACTIVITY, IF ANY, OF SOURCE Healthcare and Life Sciences DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O1 , 28 , 09	Various Healthcare/Life Sciences Entities	Various Healthcare/Life Sciences Entities*
BUSINESS ACTIVITY, IF ANY, OF SOURCE Healthcare and Life Sciences DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O1 , 28 , 09	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Healthcare and Life Sciences DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O1 , 28 , 09	*(13 sponsors, each paid approx, \$16.68 per person)	*(14 sponsors, each paid approx, \$10,29 per person)
Healthcare and Life Sciences DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O1 , 28 , 09		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O1 , 28 , 09		11
Day Event Day Event		
NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) NAME OF SOURCE ADDRESS (Business Address Acceptable) Print Name Assemblymember Jose Solorio Office, Agency or Court Assembly District 69 Statement Type 2009/2010 Annual Assuming Le	01 , 28 , 09	03 , 24 , 09
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) NAME OF SOURCE ADDRESS (Business Address Acceptable) Print Name Assemblymember Jose Solorio Office, Agency Assembly District 69 Statement Type 2009/2010 Annual Assuming Le		/sDay Event
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) NAME OF SOURCE ADDRESS (Business Address Acceptable) Print Name Assemblymember Jose Solorio Office, Agency Assembly District 69 Statement Type 2009/2010 Annual Assuming Le	\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) S Verification Print Name Assemblymember Jose Solorio Office, Agency or Court Assembly District 69 Statement Type 2009/2010 Annual Candidate	NAME OF SOURCE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) Weight Subject of the su	ADDRESS (Business Address Acceptable)	
Susiness Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE Statement Type 2009/2010 Annual Assuming Le	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE Statement Type 2009/2010 Annual	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE Statement Type 2009/2010 Annual		\$
Print Name Assemblymember Jose Solorio Office, Agency or Court Assembly District 69 Statement Type 2009/2010 Annual Assuming Le		
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE Statement Type 2009/2010 Annual		
BUSINESS ACTIVITY, IF ANY, OF SOURCE BUSINESS ACTIVITY, IF ANY, OF SOURCE Statement Type 2009/2010 Annual	▶ NAME OF SOURCE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Statement Type 2009/2010 Annual Assuming Le	ADDRESS (Business Address Acceptable)	1
Statement Type 2009/2010 Annual Assuming Le Annual Candidate	PURILED ARTHUR IS ANY OF COURSE	or Court Assembly District 69
		Statement Type
I have used all reasonable diligence in preparing this statement.	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
contained herein and in any attached schedules is true and com		contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of
California that the foregoing is true and correct.		California that the foregoing is true and correct.
Date Signed		Date Signed April 3, 2010
Signature		Signature
Comments: Information regarding cost of these events was received from organizer after March 1 filing deadline.	Comments: Information regarding cost of these events was	s received from organizer after March 1 filing deadline.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS ECETION

STATE

COVER PAGE



ZIP CODE

MAR 1 8 2010

OPTIONAL: E-MAIL ADDRESS

AMENDMENT Please type or print in ink. NAME (LAST) (FIRST) (FIRST) (MIDDLE) DAYTIME (FLEPHONE NUMBER) Solorio Jose Juan

Solorio Jose MAILING ADDRESS STREET CITY (Business Address Acceptable) 1. Office, Agency, or Court Name of Office, Agency, or Court: California State Assembly Division, Board, District, if applicable: 69th Assembly District Your Position: State Assemblymember ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: _____ 2. Jurisdiction of Office (Check at least one box) X State County of _____ ☐ City of ______ ☐ Multi-County _____ Other _ 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: ____/__ Annual: The period covered is January 1, 2009, through December 31, 2009. O The period covered is ____/___, through December 31, 2009. Leaving Office Date Left: ____/___ (Check one) O The period covered is January 1, 2009, through the date of leaving office. -or-__/____/_____, through O The period covered is ... the date of leaving office. Election Year: Candidate

4. Schedule Summary
► Total number of pages including this cover page:
➤ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Schedule B Yes – schedule attached Real Property
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes – schedule attached Income – Gifts
Schedule E Yes – schedule attached Income – Travel Payments
-or-
No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 17, 2010
(month, day, year)

Signature

(Fire the originally signed statement with your filing official.)

FPPC Form 700 Amendment (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC

Income – Gifts 2010 MAR 18 Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
CAIVP (California Independent Voter Project)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., Suite 250	
CITY AND STATE	CITY AND STATE
San Rafael, CA 94901	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit	
DATE(S): 11 / 15 / 09 - 11 / 19 / 09 AMT: \$ 646.39	DATE(S):
TYPE OF PAYMENT: (must check one) Sift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Airfare for CAIVP conference.	DESCRIPTION:
NAME OF SOURCE	Verification
	Print Name
ADDRESS (Business Address Acceptable)	
	Office, Agency or Court California State Assembly
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 2009/2010 Annual Assuming Leaving Candidate
	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information
DATE(S):	contained herein and in any attached schedules is true and complete.
(If applicable)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
TYPE OF PAYMENT: (must check one) Gift Income	March 17, 2010
	Date Signed(month, day, year)
DESCRIPTION:	
	Signature
·	
Comments:	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

(Check one)

Candidate

date of leaving office.

the date of leaving office.

Election Year: _

STATEMENT OF ECONOMIC INTERESTS

(MIDDLE)

Juan

ZIP CODE

STATE

PRACTICES COVER PAGE 10 FEB 25 Public Bocument



OPTIONAL: E-MAIL ADDRESS

NAME (LAST) (FIRST) Solorio Jose CITY MAILING ADDRESS STREET (Business Address Acceptable) 1. Office, Agency, or Court Name of Office, Agency, or Court: California State Assembly Division, Board, District, if applicable: 69th Assembly District' Your Position: State Assembly member ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: _____ 2. Jurisdiction of Office (Check at least one box) State County of ____ ☐ City of _____ Multi-County _____ Other ___ 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: ____/____ Annual: The period covered is January 1, 2009, through December 31, 2009. O The period covered is ____/___, through December 31, 2009. Leaving Office Date Left: ____/___

O The period covered is January 1, 2009, through the

-or-O The period covered is ____/___, through

4. Schedule Summary				
► Total number of pages including this cover page:				
► Check applicable schedules or "No reportable interests."				
I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2 Yes – schedule attached investments (10% or Greater Ownership)				
Schedule B Yes – schedule attached Real Property				
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gills and Travel Payments)				
Schedule D Income – Gifts Yes – schedule attached				
Schedule E Yes – schedule attached Income – Gifts – Travel Payments				
-or-				
No reportable interests on any schedule				

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed .

Signature _

[File the originally signed statement with your filing official.]

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Netflix	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Movie Rental	
FAIR MARKET VALUE	FAIR MARKET VALUE
⋈ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock Other(Describe)
Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	Partnership Income of \$0 - \$500 Partnership Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 · \$10,000 \$10,001 - \$100,000	\$2,000 • \$10,000 \$10,001 • \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
MATHOE OF INIVECTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe) Partnership O Income of \$0 · \$500	(Describe)
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership () Income of \$0 - \$500	Partnership O Income of \$0 - \$500
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	•
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Solorio

► NAME OF SOURCE	NAME OF SOURCE
California Democratic Party	Karen Bass for Assembly
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1401 21st Street., Suite 4050, Sacramento, CA	777 S. Figueroa St., Suite 4050, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 , 08 , 09 , 73.27 Dinner	01,08,09 s 72.51 Jacket
	01,08,09
	09 , 15 , 09
► NAME OF SOURCE	► NAME OF SOURCE
California Tribal Business Alliance	Wine Institute
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1530 J Street., Suite 250, Sacramento, CA 95814	425 Market St., Suite 1000, San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 , 14 , 09	03 , 09 , 09
	\$
► NAME OF SOURCE	► NAME OF SOURCE
Orange County Automobile Dealers Association	California Forestry Association
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
125 Baker St East., Suite 262, Costa Mesa, CA	1215 K St., Suite 1830, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 , 24 , 09 _{\$} 85.13 Dinner	03 , 25 , 09 s 117.77 Dinner
	\$
Comments: * Breakfast listed under 01/08/09 is to be report	ted as January 8th and 9th.

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Solorio

► NAME OF SOURCE		► NAME OF SOURCE	E	•
California Grocers Associat	ion	[lding Associat	······
ADDRESS (Business Address Acceptal	ble)	ADDRESS (Busine	ss Address Accepta	ble)
1415 L St., Suite 410, Sacra	amento, CA 95814	1215 K Stree	t., Suite 1200,	Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03,31,09 \$ 56.81	Reception	04 , 15 , 09	s93.75	Dinner
			\$	****
			\$	
NAME OF SOURCE	•	► NAME OF SOURC		
California State Employees				m Commission
ADDRESS (Business Address Acceptate		ADDRESS (Busines	•	
1108 O St., Suite 400, Sacr				amento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOU	JRCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	JRCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 09	Reception	04 , 28 , 09	\$50.00	Reception
\$			\$	***************************************
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
California Chamber of Comn	nerce	The Walt Disn	ey Company	
ADDRESS (Business Address Acceptable)	le)	ADDRESS (Busines	s Address Acceptab	ile) ·
1215 K Street., Suite 1400, S	Sacramento, CA	500 S. Buena	Vista St, Burb	ank, CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06,10,29 \$ 94.59	Dinner	06,11,09	s256.00	park passes
\$		04,01,09	\$12.62	movie screening
			\$	
Comments:				

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Solorio

NAME OF COURTS		NAME OF SOURCE		
► NAME OF SOURCE		11		
Life Technologies		John Wayne		
AOORESS (Business Address Acceptable		11	ss Address Acceptat	
400 Capitol Mall, Sacramento			Ave, Costa Me	
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	ry, if any, of sou	IRCE
OATE (mm/dd/yy) VALUE	OESCRIPTION OF GIFT(S)	OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
<u>08 , 17 , 09</u>	dinner	12 , 31 , 09	\$420.00	parking
			\$	
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
Yum Brands/ KFC	4			
AOORESS (Business Address Acceptable		AOORESS (Busines	s Address Acceptab	ie)
1441 Gardiner Lane, Louisville				
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
OATE (mm/dd/yy) VALUE	OESCRIPTION OF GIFT(S)	OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
12 <u>10 09</u> <u>\$ 278.31</u>	food donation		\$	
\$			\$	
\$			\$	
NAME OF SOURCE		► NAME OF SOURCE		
AOORESS (Business Address Acceptable)		AOORESS (Business	Address Acceptable	e)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Ε .	BUSINESS ACTIVITY	, IF ANY, OF SOUR	RCE
OATE (mm/dd/yy) VALUE (DESCRIPTION OF GIFT(S)	OATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)
			\$	
			\$	
\$			\$	
Comments:	<u>,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			······································